AFTER-CARE OF THE INSANE.[1]

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At the last meeting of this association, the following resolution was unanimously adopted:

WHEREAS, The State Charities Aid Association of New York has recently established a Committee on the After-Care of the Insane, to work in cooperation with the State hospitals for the insane in that State, and to provide temporary assistance, employment and friendly aid and counsel for needy persons discharged from such hospitals as recovered, and

WHEREAS, In the opinion of the American Medico-Psychological Association, it is very desirable that there should be carried on in connection with all hospitals for the insane such a system of after-care, therefore,

Resolved, That the American Medico-Psychological Association expresses its gratification at the inauguration of this movement in the State of New York, and its earnest hope that similar work may be undertaken for hospitals for the insane generally.

In offering this resolution, attention was called to the fact that as early as 1893, Dr. Wise, a member of this association, presented a paper on this subject, and in the following year, and again in 1905, Dr. Dewey, also a member of this association, discussed the subject in papers read before the National Conference of Charities. Furthermore, Dr. Henry R. Stedman, as chairman of a committee of the American Neurological Association on the After-Care of the Insane, appointed in 1894, submitted and published a report in 1897. He collected much information of value from those interested in the care and treatment of the insane, particularly from superintendents of State hospitals, which, with the discussion of Dr. Dewey, is worthy at this time to be touched on at length.

My purpose in going into the discussion on the after-care of the insane is due to the fact that, although we have had at various meetings of this association since 1893 numerous references made

[1] Read at the sixty-third annual meeting of the American Medico-Psychological Association, Washington, D. C., May 7, 8, 9, 1907.

to the need of the indigent insane who are discharged as recovered from institutions no steps were taken in this country to inaugurate any systematic plan of after-care, such as has existed in certain European countries for over fifty years, until Miss Louisa Lee Schuyler, who has done so much for the insane, initiated this new branch of philanthropic work through the agency of the State Charities Aid Association of New York.

From the report of Dr. Stedman's committee, I quote as follows:

The work of the committee was begun by issuing a circular letter to certain prominent alienists and neurologists in the States of Massachusetts, New York, and Pennsylvania. This number was afterwards increased in order to ascertain the sentiment of the authorities on the subject in other parts of the country. The letter ran as follows:

At a meeting of the American Neurological Association held at the last Congress of American Physicians and Surgeons in Washington in 1894, a Committee on the After-Care of the Insane, consisting of Drs. H. R. Stedman, Boston; Charles L. Dana, New York; and F. X. Dercum, Philadelphia, was appointed. Its purpose was to investigate and report to the association upon some feasible plan for the aid and supervision during the first month after their return from asylums to public life of discharged pauper insane patients who are recovered or improved.

Asylum physicians often hesitate, you are aware, to set at liberty certain patients whose condition seems to have so far improved as to make it useless to keep them longer under treatment, for fear that thus thrown suddenly upon their own resources, without oversight, or perhaps means of support, they will fall back into the old habits of life which gave rise to their insanity. This applies also to patients who have recovered. These unfortunates are also distrusted and prevented from obtaining employment simply because they have been inmates of an asylum.

These considerations led in France to the founding by Dr. Falret, in 1841, of an association for providing protection, assistance and homes for this class. It was, however, restricted to the Department of the Seine. Its efficient operation has led to the recent establishment throughout that country, under the auspices of the French government, of societies *de patronage* (aid societies) for such discharged patients. Similar societies are in operation in England and Switzerland.

The office of the after-care society is to find for such discharged patients, according to their individual needs, suitable homes and places of employment; to provide gifts of money, clothing or tools; to redeem articles on pawn; to advance payments for rent, etc., and finally to have them under supervision for the first month or two after their discharge.

We are of the opinion that the same need exists in this country, and that the work within our institutions for the insane should be supplemented by the same measures of outdoor relief, on their discharge, that

have proved advantageous elsewhere. As this is an undertaking that has for its object the diminution of insanity by attempting if possible to prevent a relapse, it seems to be called for, both in the interests of humanity, and public economy.

The committee would value your opinion on the subject and respectfully asks replies to the following questions:

1. What are your views as to the practical utility of such an undertaking, generally speaking?

2. In your opinion, should such an association be entirely a private charity, or would the cooperation of the State in this work be practicable?

3. Do you think it probable that benefit to a sufficient number of patients would result from the establishment of convalescent homes as departments of, and at a distance from, our State hospitals for the insane?

This inquiry is suggested by the proved usefulness of convalescent homes as adjuncts to general hospitals, and summer cottages in connection with private institutions for the insane.

4. Will you kindly give a rough estimate of the probable number of patients who have been discharged during the past year from the hospital under your charge, whom you would consider deserving, or likely to be benefited by such a charity, mentioning any special instances that may occur to you?

The result of this inquiry was as follows:

There were fifty replies received, being scarcely half a dozen less than the number of letters sent. Thirty of these were from superintendents of hospitals for the insane, and for the most part, they were comprehensive, and as might be expected from the practical experience of the writers, threw much light on the question. Thirteen were from neurologists, but in view of the apparently unanimous sentiment at the meeting in favor of the general adoption of after-care provision for the insane, it did not seem necessary to extend the inquiry further in this direction.

Of the entire number of correspondents, six were either doubtful of the desirability and practicability of after-care societies for the dependent insane, or were decidedly opposed to such a step. The reasons given by them were that the number of cases likely to be benefited by such aid was too small to make it advisable; that while such a step might be desirable, it was inexpedient; that while excellent in theory, it would probably be found impossible in practice.

The majority expressed, and in many cases in the strongest terms, their decided belief in the great advantages likely to result from properly organized and conducted societies of this kind.

Regarding the auspices under which such associations should be conducted, it was the general opinion that they should by all means be begun under private philanthrophy, and so continued until their utility was demonstrated.

Regarding the advisability of establishing State homes for convalescent patients, as part of the general policy of the State toward the insane, there was more diversity of opinion, but at the same time, there was some degree of interest and careful consideration of the subject. Scarcely a member of the Neurological Association wrote in opposition, and of the twenty-nine hospital superintendents and other alienists, nineteen favored it as an accessory provision, five were doubtful and five were opposed. Of four members of lunacy and charity boards, one was in doubt, and the others thought it would be an unnecessary and useless experiment.

To show the careful consideration given to this subject by the committee, I again beg to quote from their report:

As a result, therefore, of their inquiries on the after-care of the insane, your committee reports the following conclusions:

1. It is the general and well-nigh unanimous sentiment of those who are conversant with the needs of the insane in this country that measures should speedily be inaugurated for the temporary relief of discharged recovered, convalescent and improved insane patients of the dependent class, by organized outside societies.

2. As a preliminary step, inquiry should be made of all such patients before they leave the hospital, regarding the mode of life, surroundings and occupations to which they are returning, and proper advice given by the medical officer of the hospital. This is a precautionary measure, as we believe, often neglected in large institutions for the insane.

3. The legal provision, whereby an allowance of money is made in some States to each patient on his discharge, should be adopted by all.

4. Outside assistance can best be provided, we believe, through the medium of an after-care association, which, until its utility can be proven, should be entirely a private undertaking, and should be organized like most existing charitable associations depending upon voluntary subscriptions. Obviously, a large city offers the best field for starting and developing such a system.

5. The special methods of after-care relief by such an association should be those employed by similar organizations in other countries; or a selection of the best methods of each. Such relief, at first at least, should be extended only to the class mentioned, and be understood as temporary, covering only the first month or two of the patient's discharge. The work may best be done by associates or agents appointed for the move-

ment, who shall find suitable homes and situations for all proper cases. There should also be a systematic supervision of the homes by agents for the time specified, or until the patient seems to be in good condition for taking up life and work again. This applies also to patients returning to bad surroundings in their own homes. Reports should be made and records kept of each case.

6. Regarding convalescent homes, there is abundant evidence of the most authoritative kind of the advantages to follow from their establishment, but, in our opinion, the first reform in the order of precedence should be the general recognition of the necessity of the hospital treatment of insanity in its early stage, and the actual adoption of special provision for the acute insane, as an indispensable step in the hospital treatment of public insane patients.

The valuable paper read by Dr. Dewey before the National Conference of Charities in 1905 is worthy of notice. Dr. Dewey said:

It is a subject whose vital importance has not been appreciated in this country, and yet a moment's consideration would show that of the large number of recovered who go out into the world from our insane hospitals, there must be a great proportion for whom the renewal of the struggle for existence is peculiarly difficult, and for whom temporary assistance would make all the difference between a more or less speedy relapse and prolonged and permanent good health.

The objects which suitable assistance and after-care would secure are:

1. The permanent restoration, of many cases that relapse, to self-support instead of public support for many years, or a lifetime.

2. A return to useful activity of many who remain permanently in the hospital who would care for themselves, if they could get a start.

It is evident that convalescence from insanity, as much as from any severe disease, is difficult and needs to be promoted. If, therefore, the value of convalescent homes is recognized in connection with our general hospitals, it certainly should be for our insane hospitals, and for the increasing numbers who under modern enlightened methods of treatment, recover from mental maladies. Not only is there a critical period of weakness for such patients when discharged, but there is also an added difficulty in the fear and prejudice of the public in general, which (however needless and ignorant) nevertheless, has to be reckoned with. In this latter respect, the patients suffer as much, though innocently, as one who has been an inmate of a penal institution, and if aid societies for ex-convicts are commendable, still more so would be any aid extended to one who has regained health in an asylum.

After referring to the work as undertaken in European countries, he continues:

Considering now this work with reference to our own country, it would appear that as yet scarce a beginning has been made, and that the first

duty is to bring it before the community and to make clear to every one the great value of the work for the recovered and convalescent insane. Work on this line of great use and importance is being done in an unsystematic way constantly. Every superintendent of every hospital for the insane has to constitute himself a "committee of one" to bring suitable conditions for the return of his patients to the world. Even patients who have means and homes and friends can only return after a great deal of work has been done in providing conditions, as so much depends upon environment and employment in preventing a relapse, and often the friends and families show a disposition to keep the patients permanently in the asylum rather than to lend him a helping hand. This is all the more true of public authorities, who have sometimes to be strongly reasoned with to be convinced that the patient is able to leave the hospital, and under suitable conditions will be permanently, or for a long time, a self-supporting citizen.

Dr. Victor Parant of Toulouse, France, in a letter to the AMERICAN JOURNAL OF INSANITY for July, 1894, refers to the great work already accomplished for the indigent recovered insane patients in France. Dr. Parant said:

Stated precisely, this question is that "of the protection to be afforded to the indigent insane discharged as recovered from the asylums." In fact, assistance is not the only object, and these societies should not limit themselves to merely saving these persons from want. That is the least important part of their mission. Their object is rather to protect the discharged patients from the manifold causes which may lead to their relapse; from the moment they are brought in contact with the outside world, it is needful to guard them from the troubles that will assail them.

The causes of the relapse of the individual recovered from insanity, are indeed numerous. They may be divided into those pertaining to the disorder, and those due to his social surroundings.

In a large number of cases, a patient had before his attack a trade by which he made his living; a position perhaps, a few effects, some savings and resources; modest, it is true, but enough to enable him to live at home, to possess a certain independence, and be able to meet the needs of his wife and children. The disease seizes him; his wife and children are scattered to seek support; his resources are exhausted, his business is gone, and we know how difficult it often is for a healthy man to re-establish a business. The difficulty is greater for the ex-lunatic, against whom arises obstacles of every kind, due to deeply rooted prejudice. They are distrusted, their recovery is discredited, and the lack of confidence is in some cases only masked by the fear they inspire.

Up to within recent years, only three departments outside of Paris have taken the initiative in forming societies of patronage. But to tell the truth, these societies are not so indispensable in the agricultural districts as in the large cities.

In his letter Dr. Parant states:

That the Minister of the Interior in 1889 recommended that the Superior Council of Public Assistance adopt plans for the creation of temporary asylums and the organization of aid societies. He further recommended that the individuals to be admitted into these institutions should have their freedom during certain hours of the day, thus gradually permitting them to adopt habits of freedom. The Superior Council of Public Assistance, for financial reasons, dismissed, for the time, the idea of temporary asylums, but favored the multiplication of the aid societies, one for each department, and connected with each other by some common bond.

One of the questions that offered itself and should be answered definitely, according to the locality, is that whether the society ought to be independent or not, in connection with the asylum with which it works. The two plans have their advantages and their inconveniences, and are not altogether equally impracticable. According to the first, a society is altogether independent of the management of the asylum; takes its habitation near it and creates a sort of intermediate hospitalization between the confinement of the hospital and the return to freedom; it devotes itself chiefly in finding situations for the convalescents, and after a manner, as they need it, direct protection.

In the other system, the society is intimately connected with the administration of the asylum, which continues after a patient is outside and at a distance. It is the relief at the home that predominates in this system, as the convalescents return to their residences, the society exercises its control, and gives its assistance through the medium of trustworthy agents. The two systems correspond to different needs, and we call the one the system of large towns, and the other that of the rural districts.

The general interest felt in after-care for the insane has extended to Japan, and in the report of the Psychiatric Clinic of Tokio University, it is stated that the wives of the alienists in the city and physicians in the community organized in 1902 the Tokio Ladies' Aid Society for the Insane.

This organization is entirely independent of any other charitable body. It seeks to take care of insane patients and their families, and to attract public attention to the subject. From a translation which Dr. Matsubara has kindly made for me, I learn that it is doing the following work:

1. For the purpose of helping and entertaining the patients, the society furnishes the State and private insane hospitals with materials for special occupations which are not provided in most hospitals for the insane. (Artificial flower making and other

fine work.) It sells the articles thus made and pays the patients for them.

If individuals outside the institution want suits or other articles made, they send the materials to the patients through the society and pay for it. The money thus earned is saved by the superintendent of the hospital and returned to the patients when they are discharged. The patients also are permitted to spend a certain proportion of it during their stay in the hospital for newspapers, magazines and delicacies.

2. They arrange for parties of twenty patients each, to be accompanied by a physician and nurses, to visit the green-houses, zoological gardens, parks and music halls, the institutions providing the refreshments and the other expenses being met by the society.

3. It provides entertainments at the institution at its own expense, in addition to those furnished by the hospital.

4. Music and games are contributed.

5. It pays part of the expenses of needy patients in private institutions for the insane.

6. The agents of the society visit and give advice to the patients, and secure when needed, positions for those discharged as recovered or improved from the hospital.

7. Their agents visit and give financial aid to the families of patients who are in need.

8. They recommend to the out-patient department of the institution those who are in need of medical treatment for the early symptoms of insanity.

9. They arrange for public lectures to which prominent speakers are invited for the purpose of enlightening the community in matters of mental hygiene.

10. The society publishes a monthly magazine which is distributed among the public.

11. They also publish and sell souvenir postal cards.

12. They place large contribution boxes at the principal railroad stations.

The income of the society is as follows:

1. From dues of members, which are placed at one to two dollars.

2. From contributions from members in addition to their regular dues.

3. Contributions from the public.

4. From a garden party given in the spring and a concert given in the autumn, they clear from one to two thousand dollars each.

That the State Charities Aid Association of New York has a sub-committee on the After-Care of the Insane, of whose work I am able to give some account, is due entirely to the interest taken in that line of philanthropic work by Miss Louisa Lee Schuyler. While the needs of this work were being discussed at National Conferences of Charities, and at the meetings of the Neurological and American Medico-Psychological Associations, Miss Schuyler was quietly investigating the successful continuance of the work in England, and getting ready to interest the public of New York State as soon as she believed the matter was ripe.

At a conference of the State Hospital Superintendents with the State Commission in Lunacy on November 18, 1905, Miss Schuyler reported the investigation she had made and suggested a plan for practical after-care work in the State of New York. She said:

For many years I have been interested in the subject of after-care for the insane. While in England, last summer, I visited the London office of the Society for After-Care of Poor Persons Discharged Recovered from Insane Asylums—a society established twenty-five years ago, which does most excellent work. Its methods, in brief, are as follows: The secretary of the society visits the asylums and works in close cooperation with the medical superintendents, and is notified by them when there are patients to be discharged cured, who are poor, and who have no homes nor friends to go to. For such cases, boarding places (in the country for the women and in the city for the men) have been arranged for. These are small "cottage homes" or, as we would call them, boarding houses where a man and his wife are willing to board these after-care cases. There are now about twelve of these cottage homes in different parts of England. The board of both men and women is paid for by the society, for, from one to six weeks usually until employment is found for them. The society keeps in communication with them often for years, until they are absorbed into the community as self-supporting, self-respecting men and women. Conditions in England differ from those we have here, but the need of a helping hand to be extended to poor and friendless convalescents and those discharged cured, upon leaving our State hospitals, is just as much needed here as there, and this is what we ought to do. We

need no new society because we have the machinery ready at hand; nor do we need to establish a new institution, or to own buildings, or incur large expense.

I have thought that, with the concurrence of the medical superintendents, of two or three members of the re-established boards of managers of our State hospitals, and of some of the local visitors of the State Charities Aid Association—those living in the respective State hospital districts—that, with this combination, a working joint committee to provide after-care might be formed for each State hospital. The experiment might be tried first on a small scale with one State hospital to see how it would work.

Being deeply impressed with the suggestions made by Miss Schuyler, it was decided that the subject be presented in the form of a paper at a later conference, and, therefore, at the next conference of the State Commission in Lunacy with the managers and superintendents of the State hospitals, held in Albany, January 30, 1906, Dr. Adolf Meyer, Director of the Pathological Institute of the New York State hospitals, read a paper on "The Problem of After-Care and Organization of Societies for the Prophylaxis of Mental Disorders." Among other things, Dr. Meyer said:

For a successful movement, it is necessary that there should be a harmonious cooperation between all the elements concerned, and that everything should be done to help the hospital physicians who are most intimately confronted with the great problem.

In large institutions a great deal has been done to give a more and more concrete form to the interests of the physicians in the families and environments of the patients. The demand of a thorough study of each case has led quite naturally to an attempt to visit the home of the patient, or have it visited by some one, and the results have been decidedly interesting. Contrary to what was expected, the non-professional visitor, who kindly cooperated with us, is received with uniform cordiality and confidence. The people appear just as they are, free from the constraint of the hospital; the environment can be sized up more adequately, and the family's desire to be politic, which so often vitiates the account to the hospital physician, is reduced considerably. A link is established of as much benefit to the patient as to the friends, especially where the visitor is able to set the patient too, and to bring reports, relieve doubts, fears and suspicions, and to clear up misunderstandings.

It is quite natural that in mental disorders, and in the period of convalescence and of danger of relapse, we should regulate the mental diet, the environment, in addition to what we may be able to do for the organism. In all chronic diseases, the physician realizes that to be successful with the patient, one must have a chance to obtain the cooperation of the family; to get the patient away altogether is of course a convenient thing in order

to give a good start, but what about the return to the conditions that have led to the failure before? The importance of this point is plain enough where we deal with alcoholism as the chief cause, as is the case in at least 20 per cent of our patients; there we deal with a social evil which we all find extremely difficult to handle, whether we have to deal with it from the point of view of criminal issues or police regulations, or the health and prospects of entire families or actual alcoholic insanity. The hospital can enforce abstinence during the patient's residence; what will become of the patient on discharge is generally left to chance. Hospitals for the insane ought to be in some way in close contact with all organizations that militate against alcoholism, so that patients might be referred to them since we know that company is the most important factor in keeping newly formed habits from yielding again to old tendencies. The same holds for many habits, especially the inability of many individuals to get adequate forms of recreation and enjoyment, which might replace abnormal cravings or pre-occupations. For this we should have contact with clubs and with movements by no means exclusively looking out for persons who have been insane, nor even bodies that try especially to prevent insanity, but movements which bring together a wholesome environment for any individual in need of it. Many patients can be recommended to churches. In large cities we might appeal to settlements; in towns we might obtain means to open schoolhouses to public utility, to add to them a gymnasium, or perhaps a bowling alley. Even patients in tolerably satisfactory home surroundings profit from a few casual visits by one who has gained their respect and gratitude during the illness; a timely advice and the mere feeling of responsibility carried by the realization that somebody takes an interest has proven to have a decided influence in pulling former patients out of discontent, and the healthy members of the family out of a harmful attitude of suspicion of relapse and lack of confidence in the patient.

The following resolutions were adopted by unanimous vote of the conference:

"*Resolved*, That in the opinion of this Conference, it is desirable that there shall be established in this State, through private philanthropy, a system for providing temporary assistance and friendly aid and counsel for needy persons discharged, recovered, from State hospitals for the insane, otherwise known as 'After-Care for the Insane.'

"*Resolved*, That the State Charities Aid Association be requested, by this Conference, to organize a system of after-care for the insane in this State, and to put it into practical operation.

"*Resolved*, That the representatives of the State Commission in Lunacy and the managers and superintendents of the State hospitals for the insane, here present, hereby pledge to the State Charities Aid Association their earnest and hearty cooperation in the establishment and maintenance of a system of after-care for the insane in this State."

Immediately after this conference the committee on the insane of the State Charities Aid Association appointed a sub-committee on the after-care of the insane to carry into effect the above resolutions; and on the 9th of February, 1906, at a meeting of the Board of Managers of the State Charities Aid Association the first report of the sub-committee was presented and approved. The report outlines the plan of organization as follows:

We propose that after-care committees for each State hospital shall be appointed by the State Charities Aid Association, which shall work under the immediate control and direction of the "sub-committee on after-care of the insane" of our standing committee on the insane. These hospital district committees shall consist of the present visitors of the association to the State hospitals, or such of them as may be willing to serve, with others added as the need may arise, all residents of their respective hospital districts; and with them as *ex-officio members* of the committee, two or more managers to be appointed by each hospital board, and the superintendent of the hospital.

The chairman and secretaries of the committee are to be members of the State Charities Aid Association. The committees are to receive the names of their respective hospitals, viz., Manhattan After-Care Committee of the State Charities Aid Association; Willard After-Care Committee, etc.

In regard to expenses. Fortunately, there is a humane provision on the statute books of our State, which makes it mandatory for superintendents of hospitals to supply to each patient leaving the hospital, who may require it, clothing suitable to the season, and money, not to exceed twenty-five dollars, for travelling and other necessary expenses until he can reach his home or find employment.

That section of the Insanity Law reads as follows:

"*Sec. 75. Clothing and money to be furnished discharged patients.*—No patient shall be discharged from a State hospital without suitable clothing adapted to the season in which he is discharged; and, if it cannot be otherwise obtained, the steward shall, upon the order of the superintendent, furnish the same, and money not exceeding twenty-five dollars, to defray his necessary expenses until he can reach his relatives or friends, or find employment to earn a subsistence."

It is expected that money advanced by the committee for the temporary assistance of needy discharged patients, as defined by the statute, will be repaid by the hospitals upon the presentation of proper vouchers. For our part, we have offered to pay the entire administrative expenses; more especially for the employment of an agent, whose duties, under our direction, will be to help local committees requiring assistance in different parts of the State. This means a salary, travelling and other after-care expenses. For these purposes, and for the assistance, if needed, of patients beyond the

twenty-five dollars allowed by the State, we must depend upon voluntary contributions.

On April 15, 1906, the "Manhattan After-Care Committee of the State Charities Aid Association" was appointed, this being the first hospital district after-care committee to be organized in this country. Shortly afterwards an agent trained and experienced in work among the poor in their homes, Miss E. H. Horton, was engaged as after-care agent of the association, and was immediately assigned to the duty of assisting the Manhattan After-Care Committee.

After-care committees were subsequently appointed as follows: For the Willard State Hospital, April 10, 1906; for the Hudson River State Hospital, May 22, 1906; for the Binghamton State Hospital, November 8, 1906; for the Central Islip State Hospital, February 5, 1907. These committees have done very valuable work for the patients discharged, recovered, from their respective State hospitals and have presented interesting reports to the subcommittee.

A few of the individual cases assisted by the after-care committees are given to illustrate the aims, methods and results of the work:

A. B.—A middle-aged woman, discharged from the hospital May 14, 1906. She was too weak to work, and the after-care agent arranged to send her to the country to board on a farm. While there she gained steadily and upon her return, a situation was found for her.

C. D.—While in the hospital her husband died, and her only child, a girl of twelve years, had to be cared for by strangers. The mother worried about the child, and the ward physician asked the agent to see the child and report. She found her well and happy, and the man and wife, with whom the child was, were much attached to the little girl. The agent found a place with this family, at low wages, for the mother upon her discharge from the hospital. She has visited her several times, and finds her very happily settled with her child.

E. F.—Discharged September 8, 1906. Agent visited her relatives several times, but found them unable to assist her in any way. She finally found a place for her as ward helper in Bellevue Hospital, purchasing for her the necessary clothing. When calling to see her two weeks later, learned from the nurse that her work was satisfactory, and that she was doing well.

G. H.—A married man, about 40 years old, who had broken down from overwork as bookkeeper in a large firm. After a few months at the hospital, he completely recovered, and a position was found for him in a bank,

where he had formerly worked, and where he was given employment of a less responsible and exacting nature, but at a very good salary.

The plan of cooperation between the Committee on After-Care of the State Charities Aid Association and the Manhattan State Hospital is as follows:

1 The hospital is to notify the agent of the committee of cases likely to be discharged, preferably from a week to a month before the patient is allowed to leave the hospital, and to furnish the committee at that time with a summary of such facts in connection with the history of each patient recommended for supervision as will be of assistance in the investigation of the case. This information is to include the name, age, nativity, creed, occupation and civil condition, date of admission, previous admissions, form of insanity, character, the habits and tendencies, previous history, and circumstances of the patient, so far as known; also the names and addresses of the relatives and friends; the character and condition of the home, and the number in the family, so far as known.

2. The hospital is to notify the committee of the parole or final discharge of every patient within forty-eight hours of such discharge, and to furnish at that time such particulars regarding the case as were not previously furnished.

3. The hospital is to notify the committee of information received of the possibility of a former patient relapsing, with a request for such assistance or advice as may be helpful in preventing a relapse on the part of such former patients when they are on parole or have been discharged.

4. The After-Care Committee on its part undertakes to visit through its members, or its agent, the homes and friends of patients about to be discharged and to report immediately to the hospital such facts and recommendations as may be helpful to the hospital when making a discharge as to when and to whom the patient should be discharged.

5. The committee undertakes to visit in their homes all paroled patients, who in the opinion of the hospital, may need supervision, and to report to the hospital before the expiration of their parole such facts as may be of service to the hospital. The committee also places at the disposal of the hospital its services to investigate the circumstances of former patients, who have been discharged recovered, but who may be considered by the

hospital authorities to be in danger of a relapse, and to require assistance and advice to maintain their physical and mental health.

Aside from the relations existing between the institution and the committee, other assistance can be rendered by the physicians of the hospital to patients paroled, or discharged, who may need medical advice, and to meet this need there was prepared by me, as the medical superintendent of the Manhattan State Hospital, the following circular addressed to the friends of patients:

The superintendent begs leave to offer the following advice for the benefit of the patient who is leaving the hospital, with the view of preventing, if possible, a return of the mental attack:

Those conditions and surroundings which operated in bringing about the first attack should be avoided, and, as far as possible, remedied. Where the surroundings were objectionable a change should be made in residence. Bad associates should by all means be avoided. In order to effectually change the surroundings and associates, it is frequently necessary to move to another section of the city, or even leave town and take up life in another community.

Oftentimes it is embarrassing to the patient to have the subject of the former residence in the hospital discussed. See that the patient avoids all forms of dissipation; endeavor to keep the patient occupied and establish regular hours for meals and for retiring. During the summer months, where it is possible, it is well for the patient to go to the country for a short time at least. The home life should be made as pleasant as possible, and friends should endeavor to encourage and help in every way.

Inasmuch as it is the practice of this institution to parole for a period of thirty days before discharging a patient, it should be considered a duty on the part of relatives to encourage the patient to return to the hospital once a week during the parole period to consult with his former ward physician in reference to the progress of his convalescence, and to seek from him advice as to the best mode of living. The patient, at the same time, should have instilled into his mind that the idea of these regular visits to his physician is not for the purpose of his possible return to the institution, but rather to prevent a recurrence of his disease, and hence the necessity for a recommitment.

Whenever a paroled patient declines to return to the institution, it is well to keep him under careful observation, and in case of any illness, or a suspicious symptom of his former malady, the family physician should be immediately consulted, and then if advice is desired, a letter addressed to the superintendent will receive a prompt answer.

The State Charities Aid Association reports that the expenses of the work thus far average about one hundred dollars per month only, this being due to the fact that the association is able to avail itself of the many existing charities in New York City, and their willingness to cooperate with the after-care agency.

In conversation with Miss Mary Vida Clark, secretary of the sub-committee on after-care, I learned that from the point of view of the State Charities Aid Association, the experiment was working well. The committee had but little experience in the line of preventive work, but it believed that here also much might be done. One case was referred to which had been called to the attention of the committee last summer by one of the ward physicians. By sending this patient to the country, it was thought that a breakdown had probably been prevented.

It is the opinion of the committee that, in undertaking after-care work in other States, representative, public-spirited citizens should be appealed to, who already have experience in charitable work. In a city, work of this kind could probably be best undertaken by a committee of some existing charitable organization. In smaller cities, a combination might be formed with some of the existing voluntary relief societies and thus ensure more efficient work than by accepting volunteer service from individuals.

I recently asked several of my assistants for their conclusions as to the usefulness and shortcomings of the After-Care Committee, and Dr. Evarts, the first assistant physician, reported that the agent had usually visited the hospital once a week to see and become acquainted with patients about to be discharged. She was uniformly well received by the patients, even after their parole or discharge from the hospital, also by their friends. Through the work of this committee, the hospital physicians have in several instances visited patients in their homes and given counsel as to the best course to be pursued. A number of patients for whom positions have been found belong to the alcoholic class, who

usually make fair recoveries. As a class, however, they are not fully appreciative of the work of the committee, and some of them soon returned to their old habits. In several instances, the committee has found a boarding place for patients who were perhaps not quite equal to engaging in independent work, and have maintained them in the country for several weeks at a time. In one instance, Dr. Evarts distinctly recalls a former patient who was provided with a sewing machine, so that she might be able to support herself. The committee advanced the money for this machine, allowing the woman to make small payments at intervals to reimburse the committee, so that the burden of paying the debt was light.

Our experience is that the work of the After-Care Committee has been helpful to a large number of patients and also to the hospital. Were it not for their work, many patients would necessarily have been discharged to the care of the Department of Public Charities, as was formerly done. The circumstances of their going out into the world are far better under the present arrangement than they were at any time previous when the Department of Public Charities took charge of them. Under the previous conditions, they were either sent to the almshouse, or allowed to go directly on to the streets of the city to seek friends or work without assistance from any one, except such as might have been provided by the hospital. At the present time they are assisted and protected when they leave the hospital. During the past year, since the practical work of the After-Care Committee began, a number of patients have been substantially assisted by the committee. These cases were classified as follows:

Imbecility with maniacal attack, manic depressive insanity, alcoholic psychosis, dementia præcox, acute depressive hallucinosis, depressions not sufficiently differentiated, manic depressive insanity with constitutional inferiority, paranoic condition and drug psychosis.

Of these cases, 18 left the hospital recovered and 5 improved. Of this number, one case of imbecility with maniacal attack, has been re-admitted during the year.

An analysis of the views expressed in the report of Dr. Stedman, in the papers of Dr. Dewey and Dr. Meyer, in the letter of

Dr. Parant, and in the remarks of Miss Schuyler, shows clearly the necessity for establishing after-care committees.

The opinions of all who have contributed to the literature of the subject indicate very clearly that the greater field for after-care work is in cities and large towns, and less in rural districts.

Some very useful methods have been outlined in this discussion, but a suggestion made by a member of the staff of the Manhattan State Hospital seems particularly applicable to cases in large cities. It is that members of the staff of the State hospital for the insane should be connected with several of the large dispensaries, so that they could easily keep in touch with such former patients who had been discharged recovered, and with a great many other cases in which there was a prospect or necessity for special treatment.

The establishment of the After-Care Association in New York City has tended to increase the confidence in the administration of the metropolitan State hospitals. Relatives of patients, as a rule, welcome visits from outside parties familiar with the work, and yet not part of the hospital organization. They feel in that way that they get an unbiased report on the standard of care maintained in the hospital. By means of this association the ward physician oftentimes gains the confidence of a patient who has been paroled or discharged, and he is then in a position to point out the dangers of illness, privation and overwork, and to enlighten him as to premonitory symptoms which, unless relieved, might lead to a relapse. The patient having these symptoms should be encouraged to come and see his ward physician, talk over the case with him, take his advice, and such medical treatment as in the physician's opinion was called for.

During the past year, the members of the After-Care Committee of the Manhattan State Hospital have had under observation 258 patients; they have made 821 visits; assisted substantially 26 patients; and have had 19 under prolonged observation.

The physicians in the State hospitals who have cooperated with the State Charities Aid Association in the work of the after-care of the insane see in this new branch of philanthropy a promise of valuable results in the prophylaxis of the disease which afflicts more than 27,000 persons in New York State alone.

If this movement affords such a prospect of relief in one State, why should it not be undertaken in all States? The organizations may differ, but the work to be accomplished is the same. The fact that it has been continued so long and successfully in France, Switzerland, England, and other countries of Europe, and that it has been adopted by the Japanese, should be an incentive to our taking it up with vigor, and pushing the work to its utmost.